

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Indiana Democratic Congressional Victory Committee

ADDRESS (number and street)

One North Capitol Suite 200

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46204

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00108613

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2005

through

04

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs Linda M Buzinec

Signature of Treasurer

Electronically Filed by Mrs Linda M Buzinec

Date

10

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		191846.25
(b) Cash on Hand at Beginning of Reporting Period	146906.75	
(c) Total Receipts (from Line 19)	141212.99	430833.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	288119.74	622679.76
7. Total Disbursements (from Line 31)	146170.45	480730.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	141949.29	141949.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3000.00	8000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	32348.00	32699.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	35348.00	40699.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15389.20	15389.20
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	50737.20	56088.71
12. Transfers From Affiliated/Other Party Committees	4427.42	4427.42
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2585.05	21423.73
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	36165.00	98446.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	47298.32	250446.76
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	47298.32	250446.76
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	141212.99	430833.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	93914.67	180386.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	7350.28	27792.68
(ii) Non-Federal Share.....	27994.09	104839.64
(b) Other Federal Operating Expenditures.....	63684.57	180677.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	99028.94	313309.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	639.33
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	47141.51	150062.77
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	146170.45	480730.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118176.36	375890.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50737.20	56088.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50737.20	56088.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	71034.85	208470.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	2585.05	21423.73
38. Net Operating Expenditures (subtract Line 37 from Line 36)	68449.80	187046.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Michael Levitan

Mailing Address 315 E 72nd St

City

Indianapolis

State

IN

Zip Code

46240-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emmis

Occupation

Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: C30014

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Melvin Simon

Mailing Address PO Box 7033

City

Indianapolis

State

IN

Zip Code

46207-7033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Simon Property Group

Occupation

Co-Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: C111292

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Richard Turner

Mailing Address 507 Buckingham Dr

City

Indianapolis

State

IN

Zip Code

46208-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: C75476

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Gregory L. Henneke

Mailing Address 700 N Alabama St
Apt 502

City State Zip Code
Indianapolis IN 46204-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Consulting

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C38984

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ryan Poor

Mailing Address 405 E 43rd St

City State Zip Code
Indianapolis IN 46205-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: C30189

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ann M. Stack

Mailing Address 4131 N Meridian St

City State Zip Code
Indianapolis IN 46208-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 5

Transaction ID: C173918

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

James A. Schellinger

Mailing Address 1430 E 82nd St

City

Indianapolis

State

IN

Zip Code

46240-8300

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSO Architect EngineersOccupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C38342

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Julia Carson for Congress

Mailing Address 302 N East St

City

Indianapolis

State

IN

Zip Code

46202-3611

FEC ID number of contributing
federal political committee.

C C00311969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6283.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C215048

Amount of Each Receipt this Period

5219.20

B.

Full Name (Last, First, Middle Initial)

Indiana Friends of Rural Electric

Mailing Address PO Box 24517

City

Indianapolis

State

IN

Zip Code

46224-0517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C116805

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Noble Township Democratic Precinct Comm.

Mailing Address 9908 S 300 W

City

Union Mills

State

IN

Zip Code

46382-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 5

Transaction ID: C17719915

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

15229.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Franklin Co Democratic Central Committee

Mailing Address 217 Canal St

City

Brookville

State

IN

Zip Code

47012-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 5

Transaction ID: C17720305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Indiana Firefighters PAC

Mailing Address 623 E Saint Clair St

City

Indianapolis

State

IN

Zip Code

46202-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C74701

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Higgins for Representative

Mailing Address 106 Hillcrest Dr

City

Shelbyville

State

IN

Zip Code

46176-2749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 5

Transaction ID: C17719747

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

15389.20

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 62

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4427.42

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 5

Transaction ID: C55252

Amount of Each Receipt this Period

4427.42

SUBTOTAL of Receipts This Page (optional)

4427.42

TOTAL This Period (last page this line number only)

4427.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Executive Media Communications

Mailing Address 101 W Ohio St, Ste 1660

City

Indianapolis

State

IN

Zip Code

46204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1807.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 5

Transaction ID: C180081

Amount of Each Receipt this Period

1807.65

B.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 1099 N Meridian St

City

Indianapolis

State

IN

Zip Code

46204-1030

FEC ID number of contributing
federal political committee.

C

C00306860

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3776.22

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 5

Transaction ID: C82643

Amount of Each Receipt this Period

777.40

SUBTOTAL of Receipts This Page (optional)

2585.05

TOTAL This Period (last page this line number only)

2585.05

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 62

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Auditor of State of Indiana

Mailing Address 200 W Washington St

City

Indianapolis

State

IN

Zip Code

46204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

98325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	5	

Transaction ID: C166985

Amount of Each Receipt this Period

36165.00

SUBTOTAL of Receipts This Page (optional)

36165.00

TOTAL This Period (last page this line number only)

36165.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Edmondson

Mailing Address 1530 E 81st St

City
Indianapolis

State
IN

Zip Code
46240-2716

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5682

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

2558.36

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Edmondson

Mailing Address 1530 E 81st St

City
Indianapolis

State
IN

Zip Code
46240-2716

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5695

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

2558.36

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Edmondson

Mailing Address 1530 E 81st St

City
Indianapolis

State
IN

Zip Code
46240-2716

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5706

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2558.36

SUBTOTAL of Disbursements This Page (optional)

7675.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP Mailing Address PO Box 105113	Transaction ID: D5702 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 5</div> </div>
City Atlanta State GA Zip Code 30348-5113 Purpose of Disbursement health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4236.87</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Anthem Life Mailing Address Department L-8111 City Columbus State OH Zip Code 43268-0001 Purpose of Disbursement life insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D237728 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 5</div> </div> Amount of Each Disbursement this Period <div>101.35</div> <div>001 Category/Type</div>
C. Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address Cincinnati Commerce Ctr City Cincinnati State OH Zip Code 45999 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5686 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div> Amount of Each Disbursement this Period <div>2477.94</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

6816.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Cincinnati Commerce Ctr

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5700

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

2477.94

B.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Cincinnati Commerce Ctr

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5711

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2477.94

C.

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242443

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

181.76

SUBTOTAL of Disbursements This Page (optional)

5137.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City
Indianapolis

State
IN

Zip Code
46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242444

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

113.47

B.

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City
Indianapolis

State
IN

Zip Code
46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242488

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

100.13

C.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 125 W South St Room E-296

City
Indianapolis

State
IN

Zip Code
46206

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5693

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

5274.38

SUBTOTAL of Disbursements This Page (optional)

5487.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Skyline Club	Transaction ID: D239066 Date of Disbursement																				
Mailing Address 1 American Sq Fl 36	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	5												
City Indianapolis State IN Zip Code 46282	Amount of Each Disbursement this Period																				
Purpose of Disbursement catering	<table border="1"> <tr> <td colspan="10">1143.97</td> </tr> </table>	1143.97																			
1143.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Jewett Printing	Transaction ID: D5689 Date of Disbursement																				
Mailing Address 101 W Ohio St Ste 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	5												
City Indianapolis State IN Zip Code 46204-4204	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing	<table border="1"> <tr> <td colspan="10">2106.00</td> </tr> </table>	2106.00																			
2106.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: D264583 Date of Disbursement																				
Mailing Address PO Box 802558	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	5												
City Chicago State IL Zip Code 60680-2558	Amount of Each Disbursement this Period																				
Purpose of Disbursement office expense	<table border="1"> <tr> <td colspan="10">1952.71</td> </tr> </table>	1952.71																			
1952.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5202.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Molly E. Chavers

Mailing Address 1487 Sierra Springs Dr.

City Indianapolis State IN Zip Code 46280

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5684

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

1635.35

B.

Full Name (Last, First, Middle Initial)

Ms. Molly E. Chavers

Mailing Address 1487 Sierra Springs Dr.

City Indianapolis State IN Zip Code 46280

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5698

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

1635.35

C.

Full Name (Last, First, Middle Initial)

Ms. Molly E. Chavers

Mailing Address 1487 Sierra Springs Dr.

City Indianapolis State IN Zip Code 46280

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5709

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1635.35

SUBTOTAL of Disbursements This Page (optional)

4906.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City
Indianapolis

State
IN

Zip Code
46217-5484

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5697

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

2497.81

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City
Indianapolis

State
IN

Zip Code
46217-5484

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5708

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2497.81

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City
Indianapolis

State
IN

Zip Code
46217-5484

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D241692

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

2497.81

SUBTOTAL of Disbursements This Page (optional)

7493.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. William G. French, II	Transaction ID: D5683 Date of Disbursement																				
Mailing Address 5205 E North St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	5												
City Indianapolis State IN Zip Code 46219-5633	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1779.68</td> </tr> </table>	1779.68																			
1779.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mr. William G. French, II	Transaction ID: D5696 Date of Disbursement																				
Mailing Address 5205 E North St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	5												
City Indianapolis State IN Zip Code 46219-5633	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1779.68</td> </tr> </table>	1779.68																			
1779.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mr. William G. French, II	Transaction ID: D5707 Date of Disbursement																				
Mailing Address 5205 E North St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	5												
City Indianapolis State IN Zip Code 46219-5633	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1779.68</td> </tr> </table>	1779.68																			
1779.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5339.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D5681 Date of Disbursement
Mailing Address 6864 W Philadelphia Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City State Zip Code Mc Cordsville IN 46055-9325	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1162.42</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D5694 Date of Disbursement
Mailing Address 6864 W Philadelphia Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
City State Zip Code Mc Cordsville IN 46055-9325	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1137.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D5705 Date of Disbursement
Mailing Address 6864 W Philadelphia Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City State Zip Code Mc Cordsville IN 46055-9325	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1137.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3438.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242941

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

1301.57

B.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242942

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

1301.57

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242943

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

1301.57

SUBTOTAL of Disbursements This Page (optional)

3904.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) PrimePay	Transaction ID: D5713 Date of Disbursement																				
Mailing Address 9382 Priority Way West Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	5												
City Indianapolis State IN Zip Code 46240	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll service Candidate Name	<table border="1"> <tr> <td colspan="10">101.50</td> </tr> </table>	101.50																			
101.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Anthem Blue Cross and Blue Shield	Transaction ID: D244412 Date of Disbursement																				
Mailing Address PO Box 790444	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	5												
City Saint Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																				
Purpose of Disbursement health insurance Candidate Name	<table border="1"> <tr> <td colspan="10">5136.47</td> </tr> </table>	5136.47																			
5136.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D240773 Date of Disbursement																				
Mailing Address 100 North Senate Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	5												
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">775.82</td> </tr> </table>	775.82																			
775.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6013.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D240774

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

823.96

B.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D240781

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

775.82

C.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5687

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

57.56

SUBTOTAL of Disbursements This Page (optional)

1657.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5701

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

57.56

B.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5712

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

57.56

SUBTOTAL of Disbursements This Page (optional)

115.12

TOTAL This Period (last page this line number only)

63187.04

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales	Transaction ID: D239177 Date of Disbursement
Mailing Address 706 Hess Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47712-5545	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1317.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales	Transaction ID: D5704 Date of Disbursement
Mailing Address 706 Hess Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47712-5545	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1317.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales	Transaction ID: D332385 Date of Disbursement
Mailing Address 706 Hess Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47712-5545	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1317.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3953.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239138 Date of Disbursement
Mailing Address 11129 Peppermill Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>2540.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239147 Date of Disbursement
Mailing Address 11129 Peppermill Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>2540.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239150 Date of Disbursement
Mailing Address 11129 Peppermill Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>2540.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7620.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D239254 Date of Disbursement
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement payroll taxes Candidate Name	<div> <div>5320.16</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D239483 Date of Disbursement
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement payroll taxes Candidate Name	<div> <div>5776.96</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D239484 Date of Disbursement
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement payroll taxes Candidate Name	<div> <div>5317.11</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

16414.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 62

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5685 Date of Disbursement
Mailing Address 627 SE Riverside Dr Apt D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47713-1150	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1178.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5699 Date of Disbursement
Mailing Address 627 SE Riverside Dr Apt D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47713-1150	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1083.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5710 Date of Disbursement
Mailing Address 627 SE Riverside Dr Apt D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47713-1150	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>1083.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3344.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Leatrice Webb-Parks

Mailing Address 5443 Milroy Rd

City
Indianapolis

State
IN

Zip Code
46216-2087

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D239505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

753.41

B.

Full Name (Last, First, Middle Initial)

Ms. Leatrice Webb-Parks

Mailing Address 5443 Milroy Rd

City
Indianapolis

State
IN

Zip Code
46216-2087

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D239506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

753.41

C.

Full Name (Last, First, Middle Initial)

Ms. Leatrice Webb-Parks

Mailing Address 5443 Milroy Rd

City
Indianapolis

State
IN

Zip Code
46216-2087

Purpose of Disbursement
marion co. payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D239540

Date of Disbursement

/ /

Amount of Each Disbursement this Period

753.41

SUBTOTAL of Disbursements This Page (optional)

2260.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Michele Miller Mailing Address 11342 Fairweather Pl	Transaction ID: D239090 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement peterson payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>919.42</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Mrs. Michele Miller Mailing Address 11342 Fairweather Pl	Transaction ID: D238724 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement peterson payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>919.42</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Mrs. Michele Miller Mailing Address 11342 Fairweather Pl	Transaction ID: D238725 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement peterson payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>919.42</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

2758.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Angela Belden Mailing Address unknown	Transaction ID: D242042 Date of Disbursement <div> <div>04</div> <div>29</div> <div>2005</div> </div>
City unknown State AA Zip Code 99999 Purpose of Disbursement house payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1187.01</div>
B. Full Name (Last, First, Middle Initial) Ms. Angela Belden Mailing Address unknown	Transaction ID: D242044 Date of Disbursement <div> <div>04</div> <div>15</div> <div>2005</div> </div>
City unknown State AA Zip Code 99999 Purpose of Disbursement house payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1187.01</div>
C. Full Name (Last, First, Middle Initial) Ms. Angela Belden Mailing Address unknown	Transaction ID: D242051 Date of Disbursement <div> <div>04</div> <div>01</div> <div>2005</div> </div>
City unknown State AA Zip Code 99999 Purpose of Disbursement house payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1842.09</div>

SUBTOTAL of Disbursements This Page (optional)

4216.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms Kristen L Self	Transaction ID: D243030 Date of Disbursement																				
Mailing Address 8813 Sunbow Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	5												
City Indianapolis State IN Zip Code 46231	Amount of Each Disbursement this Period																				
Purpose of Disbursement house payroll	<table border="1"> <tr> <td>1366.55</td> </tr> </table>	1366.55																			
1366.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms Kristen L Self	Transaction ID: D243031 Date of Disbursement																				
Mailing Address 8813 Sunbow Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	5												
City Indianapolis State IN Zip Code 46231	Amount of Each Disbursement this Period																				
Purpose of Disbursement house payroll	<table border="1"> <tr> <td>1366.55</td> </tr> </table>	1366.55																			
1366.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ms Kristen L Self	Transaction ID: D243032 Date of Disbursement																				
Mailing Address 8813 Sunbow Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	5												
City Indianapolis State IN Zip Code 46231	Amount of Each Disbursement this Period																				
Purpose of Disbursement house payroll	<table border="1"> <tr> <td>1366.55</td> </tr> </table>	1366.55																			
1366.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4099.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332384

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

2474.00

B.

Full Name (Last, First, Middle Initial)

National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333006

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

20.48

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Studio 2000 Inc

Mailing Address 55 Monument Circle

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Entertainment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332879

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

229.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2474.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Central Indiana Power

Mailing Address P.O. Box 188
2243 E. Main Street

City Greenfield State IN Zip Code 46140

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332974

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

238.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Banana Republic

Mailing Address 49 West Maryland St.

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Clothing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332992

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

318.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Vectren

Mailing Address RP Services Attn: Payments 2960 N

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332932

Date of Disbursement

04 / 16 / 2005

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Vectren

Mailing Address RP Services Attn: Payments 2960 N

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement

Payment Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

47141.51

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

15595.44

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

15595.44

Transaction ID: T1826

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 39 / 62
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

662.18

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

662.18

Transaction ID: T1827

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 40 / 62
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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

14261.17

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

14261.17

Transaction ID: T1828

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 41 / 62
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

10866.70

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

10866.70

Transaction ID: T296

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 1 1 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

1215.50

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

1215.50

Transaction ID: T297

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 1 1 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

1351.21

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

1351.21

Transaction ID: T298

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 44 / 62
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

985.27

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

985.27

Transaction ID: T299

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

1463.06

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

1463.06

Transaction ID: T300

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 46 / 62
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT

IDP Non-Federal

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	5

TOTAL AMOUNT TRANSFERRED

897.79

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

897.79

Transaction ID: T301

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

47298.32

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

47298.32

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 47 / 62

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Sandler & Reiff

Mailing Address

50 E St SE Ste 300

City	State	Zip Code
Washington	DC	20003-2620

Purpose of Disbursement:
retainerCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 22 / 2005

Transaction ID: D5741

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

84.00

316.00

400.00

B. Full Name (Last, First, Middle Initial)
 Denison Parking, INC.

Mailing Address

36 S Pennsylvania St Ste 200

City	State	Zip Code
Indianapolis	IN	46204-3627

Purpose of Disbursement:
parkingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 10 / 2005

Transaction ID: D5718

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

300.30

1129.70

1430.00

C. Full Name (Last, First, Middle Initial)
 Verizon Wireless

Mailing Address

PO Box 790406

City	State	Zip Code
Saint Louis	MO	63179-0406

Purpose of Disbursement:
phonesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 15 / 2005

Transaction ID: D5719

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

192.20

723.04

915.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

576.50

2168.74

2745.24

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 48 / 62

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Skyline Club

Mailing Address

1 American Sq Fl 36

City	State	Zip Code
Indianapolis	IN	46282

Purpose of Disbursement:
duesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5740

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.30

50.03

63.33

B. Full Name (Last, First, Middle Initial)
 PIP Printing

Mailing Address

1 N Capitol Ave Lowr LEVEL

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
printingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D237730

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

11.13

41.87

53.00

C. Full Name (Last, First, Middle Initial)
 Jewett Printing

Mailing Address

101 W Ohio St Ste 2000

City	State	Zip Code
Indianapolis	IN	46204-4204

Purpose of Disbursement:
printingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5733

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1304.60

4907.78

6212.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1329.03

4999.68

6328.71

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 49 / 62

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address

PO Box 741855

City	State	Zip Code
Cincinnati	OH	45274-1855

Purpose of Disbursement:
cableCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5730

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.29

57.51

72.80

B. Full Name (Last, First, Middle Initial)
Gibson Insurance Agency, Inc.

Mailing Address

PO Box 610

City	State	Zip Code
Plymouth	IN	46563-0610

Purpose of Disbursement:
liability insuranceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5720

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

340.20

1279.80

1620.00

C. Full Name (Last, First, Middle Initial)
Gibson Insurance Agency, Inc.

Mailing Address

PO Box 610

City	State	Zip Code
Plymouth	IN	46563-0610

Purpose of Disbursement:
liability insuranceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5721

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

85.68

322.32

408.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

441.17

1659.63

2100.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 50 / 62

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Storage USA

Mailing Address
 501 Fulton St

City	State	Zip Code
Indianapolis	IN	46202-3510

Purpose of Disbursement:
 storage

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5731

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

48.51

182.48

230.99

B. Full Name (Last, First, Middle Initial)
 Duke Realty Corporation

Mailing Address
 75 Remittance Dr Dept 3205

City	State	Zip Code
Chicago	IL	60675-3205

Purpose of Disbursement:
 rent

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5738

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2684.71

10099.64

12784.35

C. Full Name (Last, First, Middle Initial)
 Duke Realty Corporation

Mailing Address
 75 Remittance Dr Dept 3205

City	State	Zip Code
Chicago	IL	60675-3205

Purpose of Disbursement:
 operating expenses

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5742

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

243.42

915.72

1159.14

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2976.64

11197.84

14174.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 51 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Marion County Treasurer

Mailing Address

200 E Washington St Ste 1001

City	State	Zip Code
Indianapolis	IN	46204-3318

001

Purpose of Disbursement:
property taxCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D237729

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

144.09

885.11

1029.20

B. Full Name (Last, First, Middle Initial)
 LexisNexis

Mailing Address

PO Box 2314

City	State	Zip Code
Carol Stream	IL	60132-0001

Category/
TypePurpose of Disbursement:
legal serviceActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5724

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

95.97

361.03

457.00

C. Full Name (Last, First, Middle Initial)
 Dell Financial Services

Mailing Address

PO Box 5292

City	State	Zip Code
Carol Stream	IL	60197-5292

Category/
TypePurpose of Disbursement:
computer suppliesActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5716

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.96

60.03

75.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

256.02

1306.17

1562.19

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 52 / 62
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Voter Activation Network LLC

Mailing Address

54 Regent St

City	State	Zip Code
Cambridge	MA	02140-2112

 Purpose of Disbursement:
voter file service maintenance
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	5

Transaction ID: D5729

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
483.00		1817.00		2300.00

B. Full Name (Last, First, Middle Initial)
Advance Printing

Mailing Address

2260 Profit Dr

City	State	Zip Code
Indianapolis	IN	46241-5019

 Purpose of Disbursement:
printing
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	5

Transaction ID: D5726

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.63		818.70		1036.33

C. Full Name (Last, First, Middle Initial)
AquaPerfect, Inc.

Mailing Address

5684 W 74th St

City	State	Zip Code
Indianapolis	IN	46278-1752

 Purpose of Disbursement:
water
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	5

Transaction ID: D5734

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.08		177.12		224.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
747.71		2812.82		3560.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 53 / 62
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
AquaPerfect, Inc.

Mailing Address

5684 W 74th St

City

State

Zip Code

Indianapolis

IN

46278-1752

Purpose of Disbursement:
waterCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 22 / 2005

Transaction ID: D5739

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.13

41.87

53.00

B. Full Name (Last, First, Middle Initial)
SBC Long Distance

Mailing Address

PO Box 660688

City

State

Zip Code

Dallas

TX

75266-0688

Purpose of Disbursement:
phonesCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 15 / 2005

Transaction ID: D5725

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

29.23

109.94

139.17

C. Full Name (Last, First, Middle Initial)
IKON Office Solutions

Mailing Address

PO Box 740541

City

State

Zip Code

Atlanta

GA

30374-0541

Purpose of Disbursement:
office equipment rentalCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date 04 / 15 / 2005

Transaction ID: D5732

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

409.81

1541.65

1951.46

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

450.17

1693.46

2143.63

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 54 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 SBC Ameritech

Mailing Address
 Bill Payment Ctr

City State Zip Code
 Chicago IL 60663-0001

Purpose of Disbursement:
 phones

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 5

Transaction ID: D5737

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.18

38.31

48.49

B. Full Name (Last, First, Middle Initial)
 SBC Capital Services

Mailing Address
 13160 Collection Center Dr

City State Zip Code
 Chicago IL 60693-0131

Purpose of Disbursement:
 phone services

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 5

Transaction ID: D5727

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

113.76

427.95

541.71

C. Full Name (Last, First, Middle Initial)
 OneNation

Mailing Address
 L-2099

City State Zip Code
 Columbus OH 43260-0001

Purpose of Disbursement:
 health insurance cobra

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 5

Transaction ID: D5735

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.50

39.50

50.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

134.44

505.76

640.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 55 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 The Conference Group

Mailing Address

254 Chapman Rd , Topkis Building S

City	State	Zip Code
Newark	DE	19702

Purpose of Disbursement:
phone servicesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5723

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.09

116.95

148.04

B. Full Name (Last, First, Middle Initial)
 National City

Mailing Address

101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
Credit Card FeesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5717

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

39.23

147.56

186.79

C. Full Name (Last, First, Middle Initial)
 DHL Express Inc.

Mailing Address

1200 S Pine Island Rd

City	State	Zip Code
Plantation	FL	33324

Purpose of Disbursement:
delivery serviceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date

M	M
0	4

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5728

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

15.07

56.71

71.78

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

85.39

321.22

406.61

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 56 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)

DHL Express Inc.

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Mailing Address

1200 S Pine Island Rd

City State Zip Code

Plantation FL 33324

Purpose of Disbursement:
delivery serviceCategory/
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
Administrative

Date 04 / 22 / 2005

Transaction ID: D5736

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.21

49.70

62.91

B. Full Name (Last, First, Middle Initial)

PrimePay

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Mailing Address

9382 Priority Way West Dr

City State Zip Code

Indianapolis IN 46240

Purpose of Disbursement:
payroll serviceCategory/
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
Administrative

Date 04 / 15 / 2005

Transaction ID: D5722

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

52.53

197.62

250.15

C. Full Name (Last, First, Middle Initial)

National City

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Mailing Address

101 W Washington St

City State Zip Code

Indianapolis IN 46204

Purpose of Disbursement:
travelCategory/
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
Administrative

Date 04 / 01 / 2005

Transaction ID: D5714

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

133.60

502.59

636.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

199.34

749.91

949.25

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 57 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Residence Inns

Mailing Address
 4919 Lima Rd

City State Zip Code
 Fort Wayne IN 46808-1207

Purpose of Disbursement:
 travel

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D5744

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

59.64

337.96

397.60

B. Full Name (Last, First, Middle Initial)
 Expedia

Mailing Address
 13810 SE Eastgate Way Ste 400

City State Zip Code
 Bellevue WA 98005-4425

Purpose of Disbursement:
 travel service

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D5743

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.05

3.95

5.00

C. Full Name (Last, First, Middle Initial)
 American Airlines

Mailing Address
 www.aa.com

City State Zip Code
 Tulsa OK 74133

Purpose of Disbursement:
 travel

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D5745

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29.97

169.83

199.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 58 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 National City

Mailing Address

101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
 Administrative

[MEMO ITEM]Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	5

Transaction ID: D5746

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.07

28.73

33.80

B. Full Name (Last, First, Middle Initial)
 National City

Mailing Address

101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
officeCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
 Administrative

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	5

Transaction ID: D5715

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

153.87

578.86

732.73

C. Full Name (Last, First, Middle Initial)
 Broad Ripple Trophy

Mailing Address

910 Broad Ripple Ave

City	State	Zip Code
Indianapolis	IN	46220-1938

Purpose of Disbursement:
office suppliesCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
 Administrative

[MEMO ITEM]Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	5

Transaction ID: D5750

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.57

20.23

23.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

153.87

578.86

732.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 59 / 62
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Dell Account

Mailing Address
 PO Box 9020

City State Zip Code
 Des Moines IA 50368-9020

Purpose of Disbursement:
 computers

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D5748

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

44.70

253.30

298.00

B. Full Name (Last, First, Middle Initial)
 National City

Mailing Address
 101 W Washington St

City State Zip Code
 Indianapolis IN 46204

Purpose of Disbursement:
 bank fees

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D6093

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.45

53.55

63.00

C. Full Name (Last, First, Middle Initial)
 Paradise Bakery

Mailing Address
 14550 Clay Terrace Blvd Ste 100

City State Zip Code
 Carmel IN 46032-3656

Purpose of Disbursement:
 catering

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Date M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 5

Transaction ID: D5747

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

32.20

182.47

214.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 60 / 62
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
anchor computer

Mailing Address

<http://www.anchorcomputer.com/>

City State Zip Code
Indianapolis IN 46204

Purpose of Disbursement:
computer

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132632.32

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date M M / D D / Y Y Y Y
04 / 01 / 2005

Transaction ID: D5749

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

19.99

113.27

133.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

7350.28

27994.09

35344.37

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342. Please note that there are several unauthorized transactions in these reports that are subject to an ongoing criminal matter.

Form/Schedule: **SA15**

Transaction ID: **C180081**

Refund on expenditure made in 2004. Original disbursement was paid with 100% federal funds.

Image# 28933372354

Form/Schedule: **SB21B**

Transaction ID: **D239066**

Catering was for an event that did not benefit any candidate for federal office.
